American Heart Association. | American Stroke Association.
Learn and Live.

NINDS TIME GOALS

1

Identify signs of possible stroke

2

Critical EMS assessments and actions
- Support ABCs; give oxygen if needed
- Perform prehospital stroke assessment
- Establish time when patient last known normal (Note: therapies may be available beyond 3 hours from onset)
- Transport; consider triage to a center with a stroke unit if appropriate; consider bringing a witness, family member, or caregiver
- Alert hospital
- Check glucose if possible

ED Arrival

3

Immediate general assessment and stabilization
- Assess ABCs, vital signs
- Provide oxygen if hypoxemic
- Obtain IV access and blood samples
- Check glucose; treat if indicated
- Perform neurologic screening assessment
- Activate stroke team
- Order emergent CT scan of brain
- Obtain 12-lead ECG

ED Arrival

4

Immediate neurologic assessment by stroke team or designee
- Review patient history
- Establish symptom onset
- Perform neurologic examination (NIH Stroke Scale or Canadian Neurologic Scale)

ED Arrival

5

Does CT scan show any hemorrhage?

No Hemorrhage → **6**

Probable acute ischemic stroke; consider fibrinolytic therapy
- Check for fibrinolytic exclusions
- Repeat neurologic exam: are deficits rapidly improving to normal?

Hemorrhage → **7**

Consult neurologist or neurosurgeon; consider transfer if not available

8

Patient remains candidate for fibrinolytic therapy?

Not a Candidate → **9**

Administer aspirin

ED Arrival

Candidate → **10**

Review risks/benefits with patient and family:
If acceptable —
- Give tPA
- No anticoagulants or antiplatelet treatment for 24 hours

11

- Begin stroke pathway
- Admit to stroke unit if available
- Monitor BP; treat if indicated
- Monitor neurologic status; emergent CT if deterioration
- Monitor blood glucose; treat if needed
- Initiate supportive therapy; treat comorbidities